



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O. H. Metals	Location 1002 Oswego ST	Date 5/1/87							
Facility Equipment 10	Detax Clock 10	Weapon No. -	Holster -	Nightstick -	Raincoat 10	Flashlight 10	Other 3 Keys, Log Book & Phone			
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Felix		Officer—Swing Shift (Name) Robert Dealley		Officer—Grave Shift (Name) Dick Horkoski				
Shift Began 8:00 PM Ended 4:00 AM		Shift Began 4:00 AM Ended 12:00 PM		Shift Began 12:00 PM Ended 8:00 AM						
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation	
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	As required		<input checked="" type="checkbox"/>	LIGHTS OUT 6:00 AM	
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Remarks										
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.										
1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	
	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	Yes	No	
2. Did you suffer any illness?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	
	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	Yes	No	
3. Have you reported all accidents coming to your attention?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	
	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	Yes	No	
Signatures	Day Shift	1.	Kenneth Felix				Swing Shift	1.	Robert Dealley	
Signatures	Day Shift	2.					Swing Shift	2.		
Signatures	Day Shift	3.					Swing Shift	3.		
Signatures	Grave Shift	1.	Dick Horkoski				Grave Shift	2.		
Signatures	Grave Shift	2.					Grave Shift	3.		

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